

COUPE HEALTH

Coupe PPO Benefits Summary

HealthPro

Plan Year: January 1st, 2025 - December 31st, 2025

Network: BlueCard® PPO Network

Medical Benefits				
	In-Network			Out-of-Network
	✔ Tier 1	⊖ Tier 2	! Tier 3	
Calendar Year Deductible (Indiv/Family)	\$0			N/A
Out-of-Pocket Maximum (Indiv/Family) (Includes copays - combine with prescription drug card)	\$6,500 / \$13,000			N/A
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited				
	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
Physician Services				
Primary Care Physician	\$35	\$50	\$80	\$100
Retail Health Clinic	\$35	\$50	\$80	\$100
Specialist	\$65	\$85	\$145	\$175
Preventative Services & Routine Care				
Well-Child Care (including exams and immunizations)	No Charge			\$100
Adult Physical Examination (including routine GYN visit)	No Charge			\$100
Routine Eye Care	No Charge			\$100
COVID 19 Vaccine	No Charge			\$100
Breast Cancer Screening (any age)	No Charge			\$100
Pap Test	No Charge			\$100
Prostate Cancer Screening	No Charge			\$100
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Telehealth Services				
Live Health Online (LHO)	No Charge			Not Covered
Maternity				
Initial Prenatal Office Visit	\$35	\$50	\$80	\$100
Prenatal Office Visit	No Charge			
Delivery & Postnatal Care	\$3,255	\$4,330	\$6,500	\$8,800
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	\$3,255	\$4,330	\$6,500	\$8,800
Outpatient Hospital	\$1,065	\$1,415	\$2,400	\$2,880
Skilled Nursing /Rehabilitation Facility (120 days max per plan year)	\$2,875	\$3,825	\$6,500	\$7,770
Ambulance Services	\$600			
Ambulatory Surgical Center	\$1,065	\$1,415	\$2,400	\$2,880
Home Health Care (100 visits per plan year)	\$65	\$85	\$145	\$175
Home Infusion	\$65	\$85	\$145	\$175
Hospice Care (Outpatient Lifetime Max: 180 days)	\$345	\$460	\$775	\$935

	In-Network			Out-of-Network
Medical Services	✔ Tier 1	⊖ Tier 2	! Tier 3	
Radiology Services				
Diagnostic X-Rays	\$95	\$125	\$210	\$250
Advanced Imaging (MRI, MRA, CAT & PET Scans)	\$315	\$415	\$700	\$840
Laboratory Services				
Basic Labs	\$25	\$35	\$55	\$65
Advanced Diagnostic Labs	\$95	\$125	\$210	\$250
Emergency Services/Urgent Care				
Emergency Services/Emergency Room	\$600			
Urgent Care Facility	\$65			
Mental Disorders & Substance Use Disorders				
Office Visit	\$35	\$50	\$80	\$100
Inpatient	\$3,255	\$4,330	\$6,500	\$8,800
Outpatient	\$1,065	\$1,415	\$2,400	\$2,880
Therapy Services				
Chiropractic Care/Spinal Manipulation (25 visits per plan year)	\$65	\$85	\$145	\$175
Outpatient Therapies (PT, OT, ST) (25 visits per plan year)	\$65	\$85	\$145	\$175
Durable Medical Equipment*				
Durable Medical Equipment (DME) / Item	\$150	\$200	\$340	\$410
Other Healthcare Facilities/Services				
Allergy Injections, Serum & Testing	\$65	\$85	\$145	\$175
Acupuncture (20 visits per plan)	\$65	\$85	\$145	\$175
Transplants	\$3,255	\$4,330	\$6,500	\$8,800